

ABSTRACT

AIM OF THE STUDY

To study the perinatal outcome of fetus and maternal in meconium stained liquor.

MATERIAL AND METHODS USED

This prospective study was conducted in Institute of obstetrics and gynaecology, Egmore, Chennai for a period of 10 mon in 2016 and 2017.

Women entering the labour ward for spontaneous progression of labour who encountered meconium stained liquor draining were analysed for associated risk factors and monitored for progression of labour, intra partum cardiotocography, mode of delivery, fetal outcome and maternal outcome.

STUDY DESIGN

Prospective study

INCLUSION CRITERIA

Singleton pregnancy

Cephalic presentation

Gestational age >37 weeks

Primi or multigravida

With medical risk factors

Meconium stained liquor

EXCLUSION CRITERIA

Multiple gestation

Gestation age <37 weeks

Fetal Congenital anomaly

Malpresentation

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Study protocol

Patients in labour with meconium stained liquor were selected following the inclusion and exclusion criteria.

Detailed history was taken and analysed for risk factors of meconium, colour of meconium was graded following artificial rupture or spontaneous rupture of membrane.

Labour was monitored for intra partum fetal heart rate abnormalities by cardiotocography, stage and progression of labour, mode of delivery.

After delivery fetal well being assessed by Apgar scoring. New born is examined for cord around the neck, features of IUGR, congenital anomalies and post maturity, meconium staining of tissues.

Perinatal outcome is evaluated based on duration of NICU admission and development of complications such as meconium aspiration syndrome, asphyxia, respiratory distress, sepsis, persistent pulmonary hypertension of new born.

SUMMARY

This prospective study was conducted to study the perinatal and maternal outcome in meconium stained amniotic fluid. This study group consist of 200 patients in labour room with meconium stained amniotic fluid.

The age of the patients in this study range from 19 to 38 years with a mean age of 25.6 years. P value is 0.10. Majority of patients fall in age group of 20 to 30yrs.

Gestational age ranges from 37 to 41 weeks. Post-dated being 16.5%.

CONCLUSION

The main clinical value of meconium stained amniotic fluid is to alert the obstetrician to look for further signs of fetal compromise such as non-reactive CTG.

Patients with thin MSL can be delivered vaginally safely if no fetal heart rate abnormality, with favourable bishop score. women with grade 2 and 3 MSAL, should be cautious in intrapartum fetal heart rate monitoring as risk of neonatal complications more with this group.

So, meconium in amniotic fluid is associated with obstetric hazard and postnatal complication mostly in women with non-reassuring intrapartum, fetal heart rate monitoring.

LSCS rate and low Apgar, post-natal complications is in linear association with thickness of meconium and non-reassuring intrapartum cardiotocography.